

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Solid Landings Behavioral Health, Inc.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	46-2696653	
4. Debtor's address	Principal place of business 2900 Bristol Street, Suite B-300 Costa Mesa, CA 92626 Number, Street, City, State & ZIP Code Orange County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	www.solidlandingsbehavioralhealth.com	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **Solid Landings Behavioral Health, Inc.** Case number (if known) _____
 Name

7. Describe debtor's business A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? *Check one:*

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11. *Check all that apply:*
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No.
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	See Attachment	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Solid Landings Behavioral Health, Inc.** Case number (if known) _____
 Name

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☒ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☒ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor

Solid Landings Behavioral Health, Inc.

Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 31, 2017**

MM / DD / YYYY

X /s/ Katie S. Goodman

Signature of authorized representative of debtor

Katie S. Goodman

Printed name

Title **Chief Restructuring Officer**

18. Signature of attorney

X /s/ David L. Neale

Signature of attorney for debtor

Date **May 31, 2017**

MM / DD / YYYY

David L. Neale

Printed name

Levene, Neale, Bender, Yoo & Brill LLP

Firm name

10250 Constellation Blvd.

Suite 1700

Los Angeles, CA 90067

Number, Street, City, State & ZIP Code

Contact phone **(310) 229-1234**

Email address

141225

Bar number and State

Debtor **Solid Landings Behavioral Health, Inc.**
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA

Case number (if known)

Chapter **11**☐ Check if this an
amended filing**FORM 201. VOLUNTARY PETITION****Pending Bankruptcy Cases Attachment**

Debtor	Cedar Creek Recovery, Inc.		Relationship to you	Affiliate
District	Central District of California, Santa Ana Division	When	Case number, if known	
Debtor	EMS Toxicology		Relationship to you	Affiliate
District	Central District of California, Santa Ana Division	When	Case number, if known	
Debtor	Silver Rock Recovery		Relationship to you	Affiliate
District	Central District of California, Santa Ana Division	When	Case number, if known	
Debtor	Sure Haven, Inc.		Relationship to you	Affiliate
District	Central District of California, Santa Ana Division	When	Case number, if known	

**CERTIFICATE OF SOLID LANDINGS BEHAVIORAL HEALTH, INC.,
A CALIFORNIA CORPORATION, CONDITIONALLY AUTHORIZING THE
FILING OF A PETITION UNDER CHAPTER 11 OF THE BANKRUPTCY CODE**

The undersigned, constituting the shareholders of Solid Landings Behavioral Health, Inc. (the "Company") owning the number of shares entitled to vote as set forth below, and representing at least 50% voting power, and the entire Board of Directors of the Company, hereby jointly adopt and approve the following actions of the corporation:

1. Whereas, subject to the conditions precedent discussed herein below, it is in the best interest of the Company, its shareholders, directors, creditors, and other interested parties, that the Company file a Petition under the provisions of Chapter 11 of Title 11, United States Code (the "Bankruptcy Code");

2. Whereas, Alpine Pacific Capital, LLC ("Alpine") has submitted a non-binding Letter of Intent ("LOI") dated April __, 2017 to purchase certain assets of the Company pursuant to Section 363 of the Bankruptcy Code;

3. Pursuant to Sections 307 and 603 of the California Corporations Code, the following resolutions were duly enacted by the shareholders below representing at least 50% of the voting power, as well as the entire Board of Directors, and the same remain in full force and effect, without modification, as of the date hereof:

RESOLVED, that the shareholders below, representing at the shares entitled to vote below, as well as the entire Board of Directors determine, based upon subsequent events and advice of counsel, that it is desirable and in the best interests of the Company, its shareholders, board of directors, creditors, and other interested parties, that the Company accept the LOI submitted by Alpine and file a Petition under the provisions of Chapter 11 of Title 11, United States Code (the "Bankruptcy Code"), provided that the conditions precedent discussed below have occurred;

FURTHER RESOLVED, that Katie S. Goodman of GGG Partners, LLC is hereby designated by the Board of Directors as the officer to be responsible for facilitating the filing of a Petition (the "Designated Officer");

FURTHER RESOLVED, conditioned on first having received 1) an executed DIP (debtor-in-possession) financing agreement that is consistent with the terms set forth in the LOI, and 2) a signed Asset Purchase Agreement from Alpine or any affiliate thereof in a form acceptable to the undersigned, the Designated Officer is hereby then authorized and directed on behalf of, and in the name of the Company, to execute a Chapter 11 bankruptcy petition and all related documents and papers on behalf of the Company in order to enable the Company to commence a Chapter 11 bankruptcy case;

FURTHER RESOLVED, that the Designated Officer is hereby authorized and directed on behalf of, and in the name of the Company, to execute and file, and to cause counsel for the Company to prepare, with the assistance of the Company as appropriate, all petitions, schedules, lists and other papers, documents and pleadings in connection with the Company's bankruptcy case, and to make such materials available to Company shareholders and Board Members for review, but shall not take any actions that result in a sale of all or substantially all of the assets of the Company (other than the sale of assets of the Company contemplated by the Asset Purchase Agreement with Alpine or any affiliate thereof, which sale is hereby deemed approved by the shareholders and Board of Directors of the Company, or any party that is deemed to be the successful overbidder pursuant to Bankruptcy Court approved bid procedures), or propose a plan of reorganization for the Company, without any necessary approval by shareholder(s) and/or the board of directors;

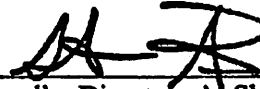
FURTHER RESOLVED that the Company hereby retains the law offices of Levene, Neale, Bender, Yoo & Brill L.L.P. as bankruptcy counsel for the Company for purposes of, among other things, representing the Company in its Chapter 11 case.

[signatures appear on following page]

2 of 3

Dated: April 11, 2017

Signed:



Stephen Fennelly, Director and Shareholder
Shares 100



Elizabeth Perry, Director and Shareholder
Shares 100

Mark Shandrow, Director and Shareholder
Shares 100

Dated: April 11, 2017

Signed:

Stephen Fennelly, Director and Shareholder
Shares 100

Elizabeth Perry, Director and Shareholder
Shares 100



Mark Shandrow, Director and Shareholder
Shares 100

CERTIFICATE OF STEPHEN FENNELLY
RE: FILING OF CHAPTER 11 BANKRUPTCY FOR SOLID LANDINGS BEHAVIORAL
HEALTH, INC., CEDAR CREEK RECOVERY, INC., EMS TOXICOLOGY, SURE
HAVEN, INC., SILVER ROCK RECOVERY

1. Whereas Stephen Fennelly ("Fennelly") is a member of the Board of Directors and shareholder of the Solid Landings Behavioral Health, Inc., Cedar Creek Recovery, Inc., EMS Toxicology, Sure Haven, Inc., and Silver Rock Recovery (the "Filing Companies");
2. Whereas the Filing Entities are intending to file a petition under Chapter 11 of the Bankruptcy Code;
3. Whereas Fennelly, along with the other shareholders and directors, previously executed a resolution dated April 11, 2017 which authorized a bankruptcy filing, among other things (the "Resolution");
4. Whereas the Resolution conditioned the bankruptcy filing on "...a signed Asset Purchase Agreement from Alpine or any affiliate thereof in a form acceptable to the undersigned...";
5. Whereas Fennelly is not a signatory to the referenced Asset Purchase Agreement with Alpine;
6. Whereas despite Fennelly not being a signatory to the Asset Purchase Agreement, Fennelly does still consent to the bankruptcy filing and wishes to express his affirmation as follows:

I, Stephen Fennelly, do hereby acknowledge that I do not object to the bankruptcy filing as described in the Resolution. I hereby waive any claim or assertion I may otherwise have to challenge the bankruptcy filing of the Filing Companies, despite what the Filing Companies bylaws may say, or any statement reflected in the Resolution.

Date

5/31/17

Stephen Fennelly



Fill in this information to identify the case:

Debtor name **Solid Landings Behavioral Health, Inc.**

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 31, 2017**

X /s/ Katie S. Goodman

Signature of individual signing on behalf of debtor

Katie S. Goodman

Printed name

Chief Restructuring Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Solid Landings Behavioral Health, Inc.**
United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**
Case number (if known): _____

☐ Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Morgan, Lewis & Bockius LLP 600 Anton Blvd., Suite 1800 Costa Mesa, CA 92626-7653		Legal services				\$177,801.63
NexTraq 1200 Lake Hearn Drive, Suite 500 Atlanta, GA 30319		Services				\$136,892.57
Jacks Properties I, LLC 6933 E. Bonanza Road Las Vegas, NV 89110		Unpaid rent	Contingent Disputed			\$56,637.00
Valeo Resources, LLC 3801 PGA Boulevard, Suite 1001 Palm Beach Gardens, FL 33410		Settlement				\$50,000.00
Jackson Lewis P.C. 58 South Service Road, Suite 250 Melville, NY 11747		Legal services				\$31,724.71
Michelman & Robinson LLP 10880 Wilshire Blvd., 19th Floor Los Angeles, CA 90024		Legal services				\$25,136.71
Herr Pedersen & Berglund LLP 100 Willow Plaza, Suite 300 Visalia, CA 93291		Legal services				\$25,000.00

Debtor **Solid Landings Behavioral Health, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Peterson Law Group 19800 MacArthur Blvd., Suite 290 Irvine, CA 92612		Legal services				\$21,935.55
Vertebrae 1340 E. 6th Street, Unit 419 Los Angeles, CA 90021		Services				\$14,846.20
Gelber Schachter & Greenberg 1221 Brickell Avenue, Suite 2010 Miami, FL 33131		Legal services				\$13,197.20
SYG Health Systems Inc. 180 North Rexford Drive Beverly Hills, CA 90210		Services	Disputed			\$9,000.00
Rutan & Tucker, LLP 611 Anton Blvd., Suite 1400 Costa Mesa, CA 92628-1950		Legal services				\$5,424.78
Live 4 Recovery 8133 Spectrum Irvine, CA 92618		Marketing services				\$5,000.00
Palmieri Tyler 1900 Main Street, Suite 700 Irvine, CA 92614		Legal services				\$2,200.00
LeClairRyan 4405 Cox Road, Suite 200 Glen Allen, VA 23060		Legal services				\$1,542.00
BSJZ Law 1842 Michigan Avenue Detroit, MI 48216		Legal services				\$1,500.00
Paul Mazdiyasni 35 Blakely Irvine, CA 92620		Unpaid rent				\$900.00
Tracy L. Allen 44 First Street Mount Clemens, MI 48043		Legal services				\$518.75
Advanced IT Management Inc. 19800 MacArthur Blvd., Suite 650 Irvine, CA 92612		Services	Unliquidated Disputed			\$0.00

Debtor **Solid Landings Behavioral Health, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Alvarado, Smith & Sanchez 1 MacArthur Place, Suite 200 Santa Ana, CA 92707		Legal services	Unliquidated			\$0.00

**United States Bankruptcy Court
Central District of California - Santa Ana**

In re **Solid Landings Behavioral Health, Inc.**

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Elizabeth Perry c/o Fransen and Molinaro, LLP 4160 Temescal Canyon Road, Ste. 302 Corona, CA 92883	Common	100	33.33%
Mark Shandrow 19775 MacArthur Blvd, Suite 240 Irvine, CA 92612	Common	100	33.33%
Stephen J. Fennelly 1 Troon Drive Newport Beach, CA 92660	Common	100	33.34%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Chief Restructuring Officer** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **May 31, 2017**

Signature **/s/ Katie S. Goodman**
Katie S. Goodman

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

Chapter 11 bankruptcy cases have been filed concurrently herewith for the following affiliates of the Debtor:

Cedar Creek Recovery, Inc.

EMS Toxicology

Silver Rock Recovery

Sure Haven, Inc.

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at _____, California.

/s/ Katie S. Goodman

Date: **May 31, 2017**

Katie S. Goodman

Signature of Debtor

Signature of Joint Debtor

Fill in this information to identify the case:

Debtor name **Solid Landings Behavioral Health, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **63,070.51**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **63,070.51**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **10,296,266.99**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **579,257.10**

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ **10,875,524.09**

Fill in this information to identify the case:

Debtor name **Solid Landings Behavioral Health, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts *(Identify all)*

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **CapStar Bank**

Checking account

8741

\$63,070.51

4. Other cash equivalents *(Identify all)*

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$63,070.51

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Debtor Solid Landings Behavioral Health, Inc.
Name

Case number (If known) _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. Debtor is party to a number of real property leases (see Schedule G).

Unknown

Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

Debtor Solid Landings Behavioral Health, Inc. Case number (If known) _____
Name

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Copyrights, trademarks and other intellectual property rights	Unknown		Unknown
61.	Internet domain names and websites Internet domain name and website - www.solidlandingsbehavioralhealth.com	Unknown		Unknown

62. Licenses, franchises, and royalties
63. Customer lists, mailing lists, or other compilations
64. Other intangibles, or intellectual property
65. Goodwill

66. Total of Part 10. \$0.00
Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?
☒ No
☐ Yes
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?
☒ No
☐ Yes
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?
☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. Notes receivable
Description (include name of obligor)
72. Tax refunds and unused net operating losses (NOLs)
Description (for example, federal, state, local)

Debtor Solid Landings Behavioral Health, Inc. Case number (If known) _____
Name

73. **Interests in insurance policies or annuities**

Claims under available insurance policies

Unknown

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Solid Landings Behavioral Health, Inc. Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$63,070.51	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$63,070.51	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$63,070.51

Fill in this information to identify the case:

Debtor name **Solid Landings Behavioral Health, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	CapStar Bank <small>Creditor's Name</small> 1201 Demonbreun Street, Main Level Attn: Scott McGuire Nashville, TN 37203 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred November 20, 2015 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Substantially all assets of the Debtor Describe the lien Security Interest Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,296,266.99 Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$10,296,266.99**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Burr & Forman LLP 511 Union Street, Suite 2300 Attn: David W. Houston Nashville, TN 37219	Line 2.1	

Fill in this information to identify the case:

Debtor name **Solid Landings Behavioral Health, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Employment Development Dept. 800 Capital Mall MIC 3A Sacramento, CA 94230-0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Notification Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Franchise Tax Board Bankruptcy Section, MS: A-340 P.O. Box 2952 Sacramento, CA 95812-2952	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Notification Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Solid Landings Behavioral Health, Inc.	Case number (if known)	
	Name		

2.3	Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
		Date or dates debt was incurred		
		Basis for the claim: For Notification Purposes Only		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Last 4 digits of account number		
		Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address Advanced IT Management Inc. 19800 MacArthur Blvd., Suite 650 Irvine, CA 92612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.2	Nonpriority creditor's name and mailing address Alvarado, Smith & Sanchez 1 MacArthur Place, Suite 200 Santa Ana, CA 92707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.3	Nonpriority creditor's name and mailing address AT&T Corp. 200 W. Center Street Promenade Anaheim, CA 92805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.4	Nonpriority creditor's name and mailing address AT&T Corp. 1452 Edinger Avenue Tustin, CA 92780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.5	Nonpriority creditor's name and mailing address Barrins & Associates 1923 Iowa Ave NE Saint Petersburg, FL 33703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Solid Landings Behavioral Health, Inc. Name	Case number (if known) _____
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3.6	Nonpriority creditor's name and mailing address BC Services, Inc. 550 Disk Drive Attn: John Boettcher, Sec./Treas. Longmont, CO 80503 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.7	Nonpriority creditor's name and mailing address Brentwood Capital Advisors LLC 5000 Meridian Blvd. Franklin, TN 37067 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Financial advisory services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.8	Nonpriority creditor's name and mailing address Bristol Creekside, LLC 3660 Park Sierra Drive, Suite 208 Riverside, CA 92505 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.9	Nonpriority creditor's name and mailing address BSJZ Law 1842 Michigan Avenue Detroit, MI 48216 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.10	Nonpriority creditor's name and mailing address Chargers Associates P.O. Box 609609 Attn: Marissa Eggers San Diego, CA 92160 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.11	Nonpriority creditor's name and mailing address City of Costa Mesa c/o Jones & Mayer (Tom Duarte, Esq) 3777 North Harbor Blvd. Fullerton, CA 92835 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notification Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.12	Nonpriority creditor's name and mailing address Cogent Communications, Inc. P.O. Box 791087 Baltimore, MD 21279-1087 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor Name	Case number (if known)
Solid Landings Behavioral Health, Inc.	
3.13 Nonpriority creditor's name and mailing address CompuGroup Medical US 10715 Red Run Blvd., Suite 101 Owings Mills, MD 21117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14 Nonpriority creditor's name and mailing address Eastside Kitchen LLC 350 Clinton Street, Suite A Costa Mesa, CA 92626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15 Nonpriority creditor's name and mailing address FPS, LLC 2900 Bristol Street, Suite B300 Costa Mesa, CA 92626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16 Nonpriority creditor's name and mailing address Gelber Schachter & Greenberg 1221 Brickell Avenue, Suite 2010 Miami, FL 33131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,197.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17 Nonpriority creditor's name and mailing address Herr Pedersen & Berglund LLP 100 Willow Plaza, Suite 300 Visalia, CA 93291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18 Nonpriority creditor's name and mailing address Intacct 300 Park Avenue, Suite 1400 San Jose, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19 Nonpriority creditor's name and mailing address Intelix 70 University Avenue, Suite 800 Toronto, ON M5J 2M4 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Solid Landings Behavioral Health, Inc.	
<p>3.20 Nonpriority creditor's name and mailing address</p> <p>Iron Mountain 1000 Campus Drive Collegeville, PA 19426</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Unknown</p>
<p>3.21 Nonpriority creditor's name and mailing address</p> <p>Jacks Properties I, LLC 6933 E. Bonanza Road Las Vegas, NV 89110</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Unpaid rent</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$56,637.00</p>
<p>3.22 Nonpriority creditor's name and mailing address</p> <p>Jackson Lewis P.C. 58 South Service Road, Suite 250 Melville, NY 11747</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Legal services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$31,724.71</p>
<p>3.23 Nonpriority creditor's name and mailing address</p> <p>Kipu Systems LLC 444 Brickell Avenue, Suite 850 Miami, FL 33131</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Unknown</p>
<p>3.24 Nonpriority creditor's name and mailing address</p> <p>LeClairRyan 4405 Cox Road, Suite 200 Glen Allen, VA 23060</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Legal services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$1,542.00</p>
<p>3.25 Nonpriority creditor's name and mailing address</p> <p>Live 4 Recovery 8133 Spectrum Irvine, CA 92618</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Marketing services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$5,000.00</p>
<p>3.26 Nonpriority creditor's name and mailing address</p> <p>MASH, LLC c/o Kahana & Feld, P.C. 3 Hutton Centre Drive, Suite 685 Santa Ana, CA 92707</p> <p>Date(s) debt was incurred <u>4/28/2017</u></p> <p>Last 4 digits of account number <u>37CU</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Litigation claim</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Unknown</p>

Debtor Name	Case number (if known)
Solid Landings Behavioral Health, Inc.	
3.27 Nonpriority creditor's name and mailing address Mercer 17901 Von Karman Avenue, Suite 1100 Irvine, CA 92614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.28 Nonpriority creditor's name and mailing address Michelman & Robinson LLP 10880 Wilshire Blvd., 19th Floor Los Angeles, CA 90024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$25,136.71
3.29 Nonpriority creditor's name and mailing address Morgan, Lewis & Bockius LLP 600 Anton Blvd., Suite 1800 Costa Mesa, CA 92626-7653 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$177,801.63
3.30 Nonpriority creditor's name and mailing address NexTraq 1200 Lake Hearn Drive, Suite 500 Atlanta, GA 30319 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$136,892.57
3.31 Nonpriority creditor's name and mailing address O.C. Harbor Professional Center LLC 2900 Bristol Street, Suite E202 Costa Mesa, CA 92626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.32 Nonpriority creditor's name and mailing address Palmieri Tyler 1900 Main Street, Suite 700 Irvine, CA 92614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,200.00
3.33 Nonpriority creditor's name and mailing address Paul Mazdiasni 35 Blakely Irvine, CA 92620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$900.00

Debtor Name	Case number (if known)
Solid Landings Behavioral Health, Inc.	
3.34 Nonpriority creditor's name and mailing address Peterson Law Group 19800 MacArthur Blvd., Suite 290 Irvine, CA 92612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,935.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35 Nonpriority creditor's name and mailing address Pure Life Recovery, LLC 180 Avenida La Pata, Suite 104 San Clemente, CA 92673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36 Nonpriority creditor's name and mailing address Realty One Group 8395 W. Sunsent Rd. #190 Las Vegas, NV 89113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37 Nonpriority creditor's name and mailing address Recovery Brands 517 4th Avenue, Suite 402 San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38 Nonpriority creditor's name and mailing address Revenue Health Solutions, LLC 3110 Edwards Mill Road, Suite 300 Raleigh, NC 27612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39 Nonpriority creditor's name and mailing address RingCentral Inc. Dept. CH 19585 Palatine, IL 60055-9585 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40 Nonpriority creditor's name and mailing address Rutan & Tucker, LLP 611 Anton Blvd., Suite 1400 Costa Mesa, CA 92628-1950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,424.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)
	Solid Landings Behavioral Health, Inc.	
3.41	Nonpriority creditor's name and mailing address Sherrie and Jeff Ptak c/o Parker Mills LLP 800 W. 6th Street, Suite 500 Los Angeles, CA 90017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential litigation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address Stor-It Self Storage 961 W. 17th Street Costa Mesa, CA 92627 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address SYG Health Systems Inc. 180 North Rexford Drive Beverly Hills, CA 90210 Date(s) debt was incurred <u>9/2014 - 8/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address Thomson Reuters - West Payment Center P.O. Box 6292 Carol Stream, IL 60197-6292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	Nonpriority creditor's name and mailing address TPX Communications 515 S. Flower Street, 47th Floor Los Angeles, CA 90071-2201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address Tracy L. Allen 44 First Street Mount Clemens, MI 48043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	Nonpriority creditor's name and mailing address Tuyen Sam 16560 San Andres Street Fountain Valley, CA 92708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Solid Landings Behavioral Health, Inc.** Case number (if known) _____

3.48	Nonpriority creditor's name and mailing address Valeo Resources, LLC 3801 PGA Boulevard, Suite 1001 Palm Beach Gardens, FL 33410 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Settlement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.49	Nonpriority creditor's name and mailing address Vertebrae 1340 E. 6th Street, Unit 419 Los Angeles, CA 90021 Date(s) debt was incurred 4/20/2017 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,846.20
3.50	Nonpriority creditor's name and mailing address voJ. Najera Plumbing Co. 312 E. Grant Street Santa Ana, CA 92701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.51	Nonpriority creditor's name and mailing address Wex Bank P.O. Box 6293 Carol Stream, IL 60197-6293 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Bristol Creekside, LLC c/o James Trimble, Agent 5041 La Mart Drive, Suite 110 Riverside, CA 92507	Line 3.8 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Eastside Kitchen LLC c/o Christine Frazer, Agent 350 Clinton Street, Suite A Costa Mesa, CA 92626	Line 3.14 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Intacct Dept. 3237 P.O. Box 123237 Dallas, TX 75312-3237	Line 3.18 <input type="checkbox"/> Not listed. Explain _____	—
4.4	NexTraq c/o Law Offices of Nathan Neuman 700 Lake Drive Ambler, PA 19002-5084	Line 3.30 <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Solid Landings Behavioral Health, Inc.	Case number (if known)	
	Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.5	O.C. Harbor Professional Center LLC c/o John J. Pulles, Agent 2900 Bristol Street, Suite E202 Costa Mesa, CA 92626	Line 3.31	—
		<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 579,257.10
5c.	\$ 579,257.10

Fill in this information to identify the case:

Debtor name **Solid Landings Behavioral Health, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Barrins & Associates
Consulting Letter of
Agreement dated
February 19, 2015**

State the term remaining

List the contract number of any government contract _____

**Barrins & Associates
1923 Iowa Ave NE
Saint Petersburg, FL 33703**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Contract for Services
dated May 6, 2016
(patient collection
services)**

State the term remaining

List the contract number of any government contract _____

**BC Services, Inc.
550 Disk Drive
Attn: John Boettcher, Sec./Treas.
Longmont, CO 80503**

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Luxury Suite License
Agreement dated as of
April 15, 2016**

State the term remaining

List the contract number of any government contract _____

**Chargers Associates
P.O. Box 609609
Attn: Marissa Eggers
San Diego, CA 92160**

2.4. State what the contract or lease is for and the nature of the debtor's interest

**Settlement Agreement
& General Release
dated April 15, 2016 by
and among the City of
Costa Mesa, on the one
hand, and Solid
Landings Behavioral
Health, Sure Haven,
Rock Solid Recovery,
FPS LLC, Stephen
Fennelly and Elizabeth
Perry, on the other
hand**

**City of Costa Mesa
c/o Jones & Mayer (Tom Duarte, Esq)
3777 North Harbor Blvd.
Fullerton, CA 92835**

Debtor 1 **Solid Landings Behavioral Health, Inc.**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **CGM LabDAQ System Contract dated July 24, 2015**

State the term remaining

List the contract number of any government contract

CompuGroup Medical US
10715 Red Run Blvd., Suite 101
Owings Mills, MD 21117

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **Professional Services Agreement dated as of February, 2017 (for Chief Restructuring Officer services). Agreement may be terminated by either party at any time.**

State the term remaining

List the contract number of any government contract

GGG Partners, LLC
3155 Roswell Road NW, Suite 120
Atlanta, GA 30305

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **Interim Services Agreement dated as of August 19, 2016 (for Interim Chief Financial Officer services). Agreement may be terminated by either party upon 30 days' advance written notice.**

State the term remaining

List the contract number of any government contract

Hardesty, LLC
19800 MacArthur Blvd., Suite 820
Irvine, CA 92612

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **Workforce Optimization Client Service Agreement (to provide full-service outsourced human resources services)**

State the term remaining

List the contract number of any government contract

Insperty PEO Services, L.P.
19001 Crescent Springs Drive
Attn: General Counsel
Kingwood, TX 77339-3802

Debtor 1 **Solid Landings Behavioral Health, Inc.**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated as of November 30, 2016**

State the term remaining

List the contract number of any government contract

Insurgence, LLC
351 E. Roberts Lane
Attn: Suzanne Schuler
Bakersfield, CA 93308

- 2.10. State what the contract or lease is for and the nature of the debtor's interest **Marketing Agreement dated as of January 1, 2017.**
Compensation payable of \$20,000 per month to Consultant (Internet Training Products, Inc.).
Agreement may be terminated by either party upon 30 days' prior written notice.

State the term remaining

List the contract number of any government contract

Internet Training Products, Inc.
24 Balboa Coves
Newport Beach, CA 92663

- 2.11. State what the contract or lease is for and the nature of the debtor's interest **Lease of commercial real property located at 4011 S. McLeod Drive, Las Vegas, Nevada 89121 (operated by affiliate, Silver Rock Recovery as an in-patient treatment facility).**
Monthly rent is \$53,940.00.
Expiration Date: December 1, 2019

State the term remaining

List the contract number of any government contract

Jacks Properties I, LLC
6933 E. Bonanza Road
Las Vegas, NV 89110

- 2.12. State what the contract or lease is for and the nature of the debtor's interest **Clinical Supervisor Agreement - Independent Contractor dated as of November 3, 2016**

State the term remaining

List the contract number of any government contract

John Biroc, Ph.D
188 Temple Avenue, Suite 402
Long Beach, CA 90803

Debtor 1 **Solid Landings Behavioral Health, Inc.**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.13. State what the contract or lease is for and the nature of the debtor's interest

Independent Contractor Agreement dated as of November 1, 2014

State the term remaining

List the contract number of any government contract

Kevin Hutto

- 2.14. State what the contract or lease is for and the nature of the debtor's interest

Kipu Records Services Agreement, Per-Person Plan, dated August 8, 2014

State the term remaining

List the contract number of any government contract

**Kipu Systems LLC
444 Brickell Avenue, Suite 850
Miami, FL 33131**

- 2.15. State what the contract or lease is for and the nature of the debtor's interest

Medical Director Agreement dated as of April 13, 2015

State the term remaining

List the contract number of any government contract

**Life Ring Recovery, LLC
25230 Cabot Road
Laguna Hills, CA 92653**

- 2.16. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial real property located at 2900 S. Bristol Street, Suite B300, Costa Mesa, California 92626 (oral agreement) (corporate offices). Monthly rent is \$7,500.00.

State the term remaining

List the contract number of any government contract

Month-to-month lease

**Mabrisa Equities, LLC
2017 Calle De Los Alamos
San Clemente, CA 92672**

- 2.17. State what the contract or lease is for and the nature of the debtor's interest

Nextraq Advantage Subscription Service Agreement (for vehicle location/tracking and data collection services)

State the term remaining

List the contract number of any government contract

**NexTraq
1200 Lake Hearn Drive, Suite 500
Atlanta, GA 30319**

Debtor 1 **Solid Landings Behavioral Health, Inc.**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.18. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial real property located at 2900 S. Bristol Street, Suite B201 & B204, Costa Mesa, California 92626.**Monthly rent is \$1,600.00.**

State the term remaining

Expiration Date: May 30, 2017

List the contract number of any government contract

**Paul Mazdiyasni
35 Blakely
Irvine, CA 92620**

2.19. State what the contract or lease is for and the nature of the debtor's interest

Lease of residential real property located at 3072 Madison Avenue, Costa Mesa, California 92626.**Monthly rent is \$3,600.00.**

State the term remaining

Expiration Date: March 18, 2018

List the contract number of any government contract

**Real Property Management OC Metro
1633 E. 4th Street, Suite 152
Santa Ana, CA 92701**

2.20. State what the contract or lease is for and the nature of the debtor's interest

Revenue Cycle Management (RCM) Services Agreement dated July 29, 2016

State the term remaining

List the contract number of any government contract

**Revenue Health Solutions, LLC
3110 Edwards Mill Road, Suite 300
Raleigh, NC 27612**

2.21. State what the contract or lease is for and the nature of the debtor's interest

Debtor is the Sublessor of the commercial real property located at 2900 S. Bristol Street, Suites B201 & B204, Costa Mesa, California 92626. Subtenant pays rent of \$1,300.00 per month.

State the term remaining

Expiration Date: May 30, 2017

List the contract number of any government contract

**Utelogy Corporation
2900 Bristol Street, Suite B201
Costa Mesa, CA 92626**

** Please be advised that the inclusion herein of the above-listed agreements shall not be deemed to constitute an admission by the Debtor that such agreements are executory contracts, contracts, unexpired leases, or leases. The Debtor is investigating the nature of these agreements and reserves all of its rights to contest the validity and/or nature of any agreement listed in this Schedule G.

Fill in this information to identify the case:

Debtor name **Solid Landings Behavioral Health, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Cedar Creek Recovery, Inc.** **2900 Bristol Street, Suite B-300
Costa Mesa, CA 92626**

CapStar Bank

☒ D **2.1**
☐ E/F _____
☐ G _____

2.2 **Elizabeth Perry** **c/o Fransen and Molinaro, LLP
4160 Temescal Canyon Road, Ste. 302
Corona, CA 92883**

CapStar Bank

☒ D **2.1**
☐ E/F _____
☐ G _____

2.3 **Elizabeth Perry** **c/o Fransen and Molinaro, LLP
4160 Temescal Canyon Road, Ste. 302
Corona, CA 92883**

MASH, LLC

☐ D _____
☒ E/F **3.26**
☐ G _____

2.4 **EMS Management, Inc.** **2900 Bristol Street, Suite B-300
Costa Mesa, CA 92626**

CapStar Bank

☒ D **2.1**
☐ E/F _____
☐ G _____

2.5 **EMS Toxicology** **2900 Bristol Street, Suite B-300
Costa Mesa, CA 92626**

CapStar Bank

☒ D **2.1**
☐ E/F _____
☐ G _____

Debtor **Solid Landings Behavioral Health, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- | | | | | |
|------|---|--|---------------------|---|
| 2.6 | H&J Toxicology, LLC | 2900 Bristol Street, Suite B-300
Costa Mesa, CA 92626 | CapStar Bank | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| 2.7 | Hope's Landing | 2900 Bristol Street, Suite B-300
Costa Mesa, CA 92626 | CapStar Bank | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| 2.8 | Karen Shandrow | 30 Balboa CVS
Newport Beach, CA 92663 | MASH, LLC | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.26</u>
<input type="checkbox"/> G _____ |
| 2.9 | Long Beach Recovery, Inc. | 2900 Bristol Street, Suite B-300
Costa Mesa, CA 92626 | CapStar Bank | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| 2.10 | Mark Shandrow | 19775 MacArthur Blvd, Suite 240
Irvine, CA 92612 | CapStar Bank | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| 2.11 | Mark Shandrow | 19775 MacArthur Blvd, Suite 240
Irvine, CA 92612 | MASH, LLC | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.26</u>
<input type="checkbox"/> G _____ |
| 2.12 | Recovery Information Services, LLC | 2900 Bristol Street, Suite B-300
Costa Mesa, CA 92626 | CapStar Bank | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| 2.13 | Recovery Information Services, LLC | 2900 Bristol Street, Suite B-300
Costa Mesa, CA 92626 | MASH, LLC | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.26</u>
<input type="checkbox"/> G _____ |

Debtor **Solid Landings Behavioral Health, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Rock Solid Recovery	2900 Bristol Street, Suite B-300 Costa Mesa, CA 92626	CapStar Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.15	Sage Creek Toxicology, Inc.	2900 Bristol Street, Suite B-300 Costa Mesa, CA 92626	CapStar Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.16	Silver Rock Recovery	2900 Bristol Street, Suite B-300 Costa Mesa, CA 92626	Jacks Properties I, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.21</u> <input type="checkbox"/> G _____
2.17	Silver Rock Recovery	2900 Bristol Street, Suite B-300 Costa Mesa, CA 92626	CapStar Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.18	Stephen J. Fennelly	1 Troon Drive Newport Beach, CA 92660	CapStar Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.19	Stephen J. Fennelly	1 Troon Drive Newport Beach, CA 92660	MASH, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.26</u> <input type="checkbox"/> G _____
2.20	Sure Haven, Inc.	2900 Bristol Street, Suite B-300 Costa Mesa, CA 92626	CapStar Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.21	Silver Rock Recovery	2900 Bristol Street, Suite B-300 Costa Mesa, CA 92626	Jacks Properties I, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.11</u>

Debtor Solid Landings Behavioral Health, Inc. Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22	Sure Haven, Inc.	2900 Bristol Street, Suite B-300 Costa Mesa, CA 92626	Real Property Management OC Metro	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G 2.19
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Fill in this information to identify the case:

Debtor name Solid Landings Behavioral Health, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2017 to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$0.00

For prior year:
From 1/01/2016 to 12/31/2016

☒ Operating a business

☐ Other _____

\$0.00

For year before that:
From 1/01/2015 to 12/31/2015

☒ Operating a business

☐ Other _____

\$0.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Solid Landings Behavioral Health, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See List of 90-Day Creditor Payments Attached as Schedule SOFA.3 hereto.			<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See List of Insider Payments attached as Schedule SOFA.4 hereto.			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. See List of Litigation Matters attached as Schedule SOFA.7 hereto.			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Debtor **Solid Landings Behavioral Health, Inc.**

Case number (if known) _____

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Levene, Neale, Bender, et. al 10250 Constellation Boulevard Suite 1700 Los Angeles, CA 90067		February - May, 2017	\$34,800.00
	Email or website address www.LNBYB.com			
	Who made the payment, if not debtor?			
11.2.	GGG Partners, LLC 3155 Roswell Road NW, Suite 120 Atlanta, GA 30305		February - May 2017	\$22,058.28
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

Debtor **Solid Landings Behavioral Health, Inc.**

Case number (if known) _____

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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14.1. **See List of Previous Addresses attached as Schedule SOFA.14 hereto.**

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☐ Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?☐ No Go to Part 10.☐ Yes. Fill in below:**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses,

Debtor **Solid Landings Behavioral Health, Inc.**

Case number (if known) _____

cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Pacific Mercantile Bank 949 South Coast Drive #105 Costa Mesa, CA 92626	XXXX-7701	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	October 31, 2016	\$48.46

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**☒ No.☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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Debtor **Solid Landings Behavioral Health, Inc.**

Case number (if known)

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
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26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☐ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☐ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people

Debtor **Solid Landings Behavioral Health, Inc.**

Case number (if known)

in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Stephen J. Fennelly	1 Troon Drive Newport Beach, CA 92660	Chief Executive Officer, Director, and Shareholder	33.34%
Elizabeth Perry	c/o Fransen and Molinaro, LLP 4160 Temescal Canyon Road, Ste. 302 Corona, CA 92883	Director, and Shareholder	33.33%
Mark Shandrow	19775 MacArthur Blvd, Suite 240 Irvine, CA 92612	Senior Vice President, Director, and Shareholder	33.33%
Katie S. Goodman	c/o GGG Partners, LLC 3155 Roswell Road NW, Suite 120 Atlanta, GA 30305	Chief Restructuring Officer	N/A

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See Schedule SOFA.4 attached hereto.			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Debtor Solid Landings Behavioral Health, Inc.

Case number (if known) _____

Name of the parent corporation

Solid Landings 401(k) Plan

Employer Identification number of the parent corporation

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 31, 2017/s/ Katie S. Goodman

Signature of individual signing on behalf of the debtor

Katie S. Goodman

Printed name

Position or relationship to debtor Chief Restructuring Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No☐ Yes

Schedule SOFA.3

Date	Payee Name	Check # if by Check	Amount	Payee Total
3/9/2017	3129 Pierce Ave, LLC	10669	3,000.00	
4/3/2017	3129 Pierce Ave, LLC	10721	7,500.00	
5/1/2017	3129 Pierce Ave, LLC	10776	7,500.00	18,000.00
2/27/2017	Advanced IT Management	10654	19,000.00	
3/30/2017	Advanced IT Management	10711	5,000.00	
4/5/2017	Advanced IT Management	10727	19,000.00	
4/17/2017	Advanced IT Management	10747	5,000.00	
4/21/2017	Advanced IT Management	10762	5,000.00	
4/28/2017	Advanced IT Management	10774	5,000.00	
5/12/2017	Advanced IT Management		5,000.00	
5/19/2017	Advanced IT Management		5,000.00	68,000.00
3/9/2017	BKM Spencer 116, LLC	10671	10,467.62	
3/31/2017	BKM Spencer 116, LLC		10,467.62	
4/10/2017	BKM Spencer 116, LLC		10,240.12	
5/1/2017	BKM Spencer 116, LLC		9,875.35	
5/17/2017	BKM Spencer 116, LLC		9,875.00	50,925.71
3/10/2017	CAL Psychiatric Services		10,000.00	
3/17/2017	CAL Psychiatric Services		5,000.00	
4/14/2017	CAL Psychiatric Services		10,000.00	
4/21/2017	CAL Psychiatric Services		5,000.00	
5/5/2017	CAL Psychiatric Services		15,000.00	45,000.00
3/9/2017	Daniel Khalili Trust		5,690.00	
3/31/2017	Daniel Khalili Trust		5,500.00	
5/1/2017	Daniel Khalili Trust		5,500.00	16,690.00
3/8/2017	First Insurance Funding	10668	51,668.79	
3/14/2017	First Insurance Funding		978.75	
3/14/2017	First Insurance Funding		142.56	
4/5/2017	First Insurance Funding		978.75	
4/11/2017	First Insurance Funding		142.56	
4/11/2017	First Insurance Funding		19,490.32	
5/9/2017	First Insurance Funding		19,490.32	
5/9/2017	First Insurance Funding		978.75	93,870.80
3/9/2017	Google Inc		48,912.00	48,912.00
2/24/2017	Hardesty		7,500.00	
2/24/2017	Hardesty		7,500.00	

3/3/2017	Hardesty		7,500.00	
3/10/2017	Hardesty		7,500.00	
3/17/2017	Hardesty		7,500.00	
3/27/2017	Hardesty		7,500.00	
3/31/2017	Hardesty		7,500.00	
4/11/2017	Hardesty		7,500.00	
4/14/2017	Hardesty		7,500.00	
4/28/2017	Hardesty		7,500.00	
5/5/2017	Hardesty		7,500.00	
5/25/2017	Hardesty		7,500.00	90,000.00
3/9/2017	Harsch Investments	10679	14,046.00	
3/30/2017	Harsch Investments	10713	3,549.67	
5/1/2017	Harsch Investments	10777	3,632.10	21,227.77
2/24/2017	Insurgence, LLC.	10651	1,500.00	
3/3/2017	Insurgence, LLC.	10662	1,500.00	
3/10/2017	Insurgence, LLC.	10675	1,500.00	
3/17/2017	Insurgence, LLC.	10688	1,500.00	
3/24/2017	Insurgence, LLC.	10705	1,500.00	
3/31/2017	Insurgence, LLC.	10720	1,500.00	
4/7/2017	Insurgence, LLC.	10731	1,500.00	
4/14/2017	Insurgence, LLC.	10743	1,500.00	
4/21/2017	Insurgence, LLC.	10763	1,500.00	
4/28/2017	Insurgence, LLC.	10772	1,500.00	
5/5/2017	Insurgence, LLC.	10789	1,500.00	
5/5/2017	Insurgence, LLC.	10790	1,500.00	
5/26/2017	Insurgence, LLC.		900.00	18,900.00
4/13/2017	Intacct	10740	12,348.00	12,348.00
3/1/2017	IPFS Corporation		16,521.62	
3/31/2017	IPFS Corporation		5.00	
3/31/2017	IPFS Corporation		16,516.62	33,043.24
2/24/2017	Jacks Properties LLC		52,635.00	
3/9/2017	Jacks Properties LLC		56,637.00	
3/31/2017	Jacks Properties LLC		4,000.00	
3/31/2017	Jacks Properties LLC		52,637.00	
5/1/2017	Jacks Properties LLC		53,940.00	219,849.00
2/24/2017	Kenneth Ihenetu		745.27	
2/27/2017	Kenneth Ihenetu		745.27	
3/3/2017	Kenneth Ihenetu		745.27	
3/10/2017	Kenneth Ihenetu		745.27	
3/17/2017	Kenneth Ihenetu		745.27	
3/24/2017	Kenneth Ihenetu		745.27	

3/31/2017	Kenneth Ihenetu		745.27	
4/7/2017	Kenneth Ihenetu		745.27	
4/21/2017	Kenneth Ihenetu		745.27	
4/28/2017	Kenneth Ihenetu		745.27	
5/2/2017	Kenneth Ihenetu		(745.27)	
5/2/2017	Kenneth Ihenetu		745.27	
5/5/2017	Kenneth Ihenetu		745.27	
5/12/2017	Kenneth Ihenetu		745.27	
5/19/2017	Kenneth Ihenetu		745.27	
5/25/2017	Kenneth Ihenetu		745.27	10,433.78
3/9/2017	Kenneth Tumlinson and Suanna Tumlinson		54,174.67	
3/31/2017	Kenneth Tumlinson and Suanna Tumlinson		26,726.00	
5/1/2017	Kenneth Tumlinson and Suanna Tumlinson		23,796.00	
5/2/2017	Kenneth Tumlinson and Suanna Tumlinson		698.00	105,394.67
2/24/2017	Kevin W. Hutto		5,000.00	
3/3/2017	Kevin W. Hutto		5,000.00	
3/10/2017	Kevin W. Hutto		5,000.00	15,000.00
3/28/2017	Kipu Systems, LLC		6,307.50	
4/19/2017	Kipu Systems, LLC	10755	2,715.00	
5/24/2017	Kipu Systems, LLC		2,910.00	11,932.50
3/31/2017	Marbrisa Equities		7,500.00	
5/1/2017	Marbrisa Equities		7,500.00	15,000.00
3/30/2017	Meera Kharbanda	10712	2,700.00	
4/25/2017	Meera Kharbanda	10765	2,700.00	
5/19/2017	Meera Kharbanda		2,700.00	8,100.00
4/19/2017	NVEnergy	1703619	1,201.39	
4/19/2017	NVEnergy	1702024	185.07	
4/20/2017	NVEnergy	2307208	169.64	
4/24/2017	NVEnergy	1795681	228.02	
4/24/2017	NVEnergy	1795680	140.46	
4/24/2017	NVEnergy	1675854	809.79	
4/24/2017	NVEnergy	1671236	411.29	
5/18/2017	NVEnergy		1,344.43	
5/18/2017	NVEnergy		232.24	
5/19/2017	NVEnergy		184.57	
5/24/2017	NVEnergy		454.05	
5/24/2017	NVEnergy		904.30	
5/24/2017	NVEnergy		233.94	
5/24/2017	NVEnergy		314.27	6,813.46
3/16/2017	Paylocity Corporation		1,523.73	

3/16/2017	Paylocity Corporation		2,005.76	
3/16/2017	Paylocity Corporation		9,239.74	
3/21/2017	Paylocity Corporation		1,065.80	13,835.03
3/9/2017	Rackspace		16,073.21	
3/30/2017	Rackspace		16,073.21	
4/25/2017	Rackspace		16,073.21	48,219.63
3/22/2017	Recovery Brands		5,000.00	
5/17/2017	Recovery Brands		5,000.00	10,000.00
3/20/2017	Revenue Health Solutions, LLC		12,665.27	
4/28/2017	Revenue Health Solutions, LLC		15,688.19	
5/19/2017	Revenue Health Solutions, LLC		10,332.34	38,685.80
3/9/2017	RPM OC Metro		7,540.00	
3/10/2017	RPM OC Metro	10680	3,800.00	
3/10/2017	RPM OC Metro		(3,800.00)	
3/10/2017	RPM OC Metro		(7,540.00)	
3/10/2017	RPM OC Metro		3,800.00	
3/10/2017	RPM OC Metro		7,540.00	
3/14/2017	RPM OC Metro	10681	315.00	
4/3/2017	RPM OC Metro		3,600.00	
5/9/2017	RPM OC Metro		3,600.00	18,855.00
2/27/2017	Southern California Edison		1,431.78	
3/13/2017	Southern California Edison		341.82	
3/14/2017	Southern California Edison		224.70	
3/21/2017	Southern California Edison		36.68	
3/24/2017	Southern California Edison		1,876.98	
3/30/2017	Southern California Edison		(1.00)	
3/30/2017	Southern California Edison		1.00	
3/31/2017	Southern California Edison		1,263.71	
4/10/2017	Southern California Edison	2374068948	167.83	
4/10/2017	Southern California Edison	2351823737	118.75	
4/14/2017	Southern California Edison	2359779097	195.21	
4/21/2017	Southern California Edison	3044150019	12.86	
4/24/2017	Southern California Edison	2370715849	1,736.65	
5/1/2017	Southern California Edison	3042886610	15.86	
5/1/2017	Southern California Edison	3044732101	36.92	
5/1/2017	Southern California Edison	3041609058	662.77	
5/1/2017	Southern California Edison	3041750636	204.70	
5/1/2017	Southern California Edison	3041737835	45.14	
5/9/2017	Southern California Edison		134.50	
5/15/2017	Southern California Edison		261.15	
5/15/2017	Southern California Edison		57.50	
5/22/2017	Southern California Edison		62.53	

5/22/2017	Southern California Edison		1,652.06	10,540.10
2/28/2017	TD Ameritrade		3,315.63	
3/1/2017	TD Ameritrade		2,800.02	
3/10/2017	TD Ameritrade		2,915.04	
3/20/2017	TD Ameritrade		3,189.86	
3/24/2017	TD Ameritrade		2,647.21	
3/28/2017	TD Ameritrade	10710	850.92	
3/29/2017	TD Ameritrade		2,572.51	
5/3/2017	TD Ameritrade	10784	812.99	
5/12/2017	TD Ameritrade		2,370.70	21,474.88
3/10/2017	TelePacific Communications		6,184.28	
3/17/2017	TelePacific Communications		5,941.44	
3/24/2017	TelePacific Communications		5,088.37	
3/30/2017	TelePacific Communications		4,934.69	
5/9/2017	TelePacific Communications		2,905.94	25,054.72
3/9/2017	The Heather - Pierce	10672	3,000.00	
4/3/2017	The Heather - Pierce	10723	7,500.00	
5/1/2017	The Heather - Pierce	10778	7,500.00	18,000.00
3/9/2017	The Heathers - Madison	10673	2,400.00	
4/3/2017	The Heathers - Madison	10724	6,000.00	
5/1/2017	The Heathers - Madison	10779	6,000.00	14,400.00
3/9/2017	The Heathers - Plumer	10674	6,000.00	
4/3/2017	The Heathers - Plumer	10725	15,000.00	
5/1/2017	The Heathers - Plumer	10780	15,000.00	36,000.00
3/31/2017	The Joint Commission		3,615.00	
3/31/2017	The Joint Commission		3,080.00	6,695.00
2/24/2017	Tirado Institute for Chronic Conditions		7,083.33	
2/24/2017	Tirado Institute for Chronic Conditions		(7,130.09)	
2/24/2017	Tirado Institute for Chronic Conditions		7,130.09	
3/10/2017	Tirado Institute for Chronic Conditions		7,083.33	
3/17/2017	Tirado Institute for Chronic Conditions		7,225.00	
3/24/2017	Tirado Institute for Chronic Conditions		7,083.33	
4/14/2017	Tirado Institute for Chronic Conditions		7,083.33	
4/21/2017	Tirado Institute for Chronic Conditions		5,925.00	
4/28/2017	Tirado Institute for Chronic Conditions		7,083.33	
5/12/2017	Tirado Institute for Chronic Conditions		7,083.33	
5/19/2017	Tirado Institute for Chronic Conditions		4,275.00	
5/25/2017	Tirado Institute for Chronic Conditions		7,083.33	67,008.31
3/22/2017	Verizon Wireless		6,000.00	

4/28/2017	Verizon Wireless	4,965.75	
5/22/2017	Verizon Wireless	2,000.00	12,965.75
3/10/2017	Warren Fulmer & Diana Marshall	37,112.59	
3/31/2017	Warren Fulmer & Diana Marshall	38,018.24	
5/1/2017	Warren Fulmer & Diana Marshall	33,505.00	108,635.83
Total:			1,359,810.98

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Name	Ck Date	Ck or Doc #	Gross Pay Amount	Other Payment Amount
DEGNER, GRIK M	5/6/2016		630	1,923.08
DEGNER, GRIK M	5/6/2016		3058	2,115.39
DEGNER, GRIK M	5/20/2016		648	1,923.08
DEGNER, GRIK M	6/3/2016		666	1,923.08
DEGNER, GRIK M	6/17/2016		683	1,923.08
DEGNER, GRIK M	7/1/2016		697	1,923.08
DEGNER, GRIK M	7/15/2016		710	1,923.08
DEGNER, GRIK M	7/29/2016		722	1,923.08
DEGNER, GRIK M	8/12/2016		734	1,923.08
DEGNER, GRIK M	8/26/2016		744	1,923.08
DEGNER, GRIK M	9/9/2016		754	1,923.08
DEGNER, GRIK M	9/23/2016		764	1,923.08
DEGNER, GRIK M	10/7/2016		774	1,923.08
DEGNER, GRIK M	10/21/2016		784	1,923.08
DEGNER, GRIK M	11/4/2016		803	1,923.08
DEGNER, GRIK M	11/18/2016		822	1,923.08
DEGNER, GRIK M	12/2/2016		849	1,923.08
DEGNER, GRIK M	12/16/2016		872	1,923.08
DEGNER, GRIK M	12/29/2016		894	1,923.08
DEGNER, GRIK M	1/13/2017	32604920		961.54
DEGNER, GRIK M	1/20/2017	32674278		961.54
DEGNER, GRIK M	1/27/2017	32739776		961.54
DEGNER, GRIK M	2/3/2017	32839301		961.54
DEGNER, GRIK M	2/10/2017	32911073		961.54
DEGNER, GRIK M	2/17/2017	33006026		961.54
DEGNER, GRIK M	2/24/2017	33095314		961.54
DEGNER, GRIK M	3/3/2017	33199193		961.54
DEGNER, GRIK M	3/10/2017	33263645		961.54
DEGNER, GRIK M	3/17/2017	33381709		8,653.85
DEGNER, GRIK M	3/24/2017	33433703		8,653.85
DEGNER, GRIK M	3/31/2017	33552843		8,653.85
DEGNER, GRIK M	4/7/2017	33604313		8,653.85
DEGNER, GRIK M	4/14/2017	33740306		8,653.85
DEGNER, GRIK M	4/21/2017	33802077		8,653.85
DEGNER, GRIK M	4/28/2017	4965570		8,653.85
DEGNER, GRIK M	5/5/2017	4972736		8,653.85
DEGNER, GRIK M	5/12/2017	4978481		8,653.85
DEGNER, GRIK M	5/19/2017	4983997		8,653.85
DEGNER, GRIK M	5/26/2017			8,653.85
DEGNER, GRIK M Total			131,923.19	0
FENNELLY, STEPHEN JAMES	4/29/2016	2423		41,666.67
FENNELLY, STEPHEN JAMES	5/16/2016	2528		41,666.67
FENNELLY, STEPHEN JAMES	5/31/2016	2606		41,666.67
FENNELLY, STEPHEN JAMES	6/15/2016	2681		41,666.67
FENNELLY, STEPHEN JAMES	6/30/2016	2764		41,666.67

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FENNELLY, STEPHEN JAMES	7/15/2016	2852	33,333.33	
FENNELLY, STEPHEN JAMES	7/29/2016	2926	33,333.33	
FENNELLY, STEPHEN JAMES	8/15/2016	3012	15,916.67	
FENNELLY, STEPHEN JAMES	8/26/2016	3058	15,916.67	
FENNELLY, STEPHEN JAMES	9/9/2016	3116	15,916.67	
FENNELLY, STEPHEN JAMES	9/23/2016	3176	15,916.67	
FENNELLY, STEPHEN JAMES	10/7/2016	3236	15,916.67	
FENNELLY, STEPHEN JAMES	10/21/2016	3295	15,916.67	
FENNELLY, STEPHEN JAMES	11/4/2016	3350	15,916.67	
FENNELLY, STEPHEN JAMES	11/18/2016	3401	15,916.67	
FENNELLY, STEPHEN JAMES	12/2/2016	3423	15,916.67	
FENNELLY, STEPHEN JAMES	12/15/2016	3444	7,692.31	
FENNELLY, STEPHEN JAMES	12/29/2016	3464	7,692.31	
FENNELLY, STEPHEN JAMES	1/13/2017	32604887	3,846.16	
FENNELLY, STEPHEN JAMES	1/20/2017	32674238	3,846.16	
FENNELLY, STEPHEN JAMES	1/27/2017	32739738	3,846.16	
FENNELLY, STEPHEN JAMES	2/3/2017	32839262	3,846.16	
FENNELLY, STEPHEN JAMES	2/10/2017	32911032	3,846.16	
FENNELLY, STEPHEN JAMES	2/17/2017	33005987	3,846.16	
FENNELLY, STEPHEN JAMES	2/24/2017	33095274	3,846.16	
FENNELLY, STEPHEN JAMES	3/3/2017	33199153	3,846.16	
FENNELLY, STEPHEN JAMES	3/10/2017	33263703	3,846.16	
FENNELLY, STEPHEN JAMES	3/17/2017	33381769	3,846.16	
FENNELLY, STEPHEN JAMES	3/17/2017	33381781	3,846.16	
FENNELLY, STEPHEN JAMES	3/31/2017			1,602.56
FENNELLY, STEPHEN JAMES	4/7/2017			1,602.56
FENNELLY, STEPHEN JAMES	4/21/2017			1,602.56
FENNELLY, STEPHEN JAMES	4/28/2017			1,602.56
FENNELLY, STEPHEN JAMES	5/5/2017			1,602.56
FENNELLY, STEPHEN JAMES	5/12/2017			1,602.56
FENNELLY, STEPHEN JAMES	5/19/2017			1,602.56
FENNELLY, STEPHEN JAMES	5/26/2017			1,602.56
FENNELLY, STEPHEN JAMES	8/4/2016	00038		10,000.00
FENNELLY, STEPHEN JAMES	8/12/2016	00159		9,370.00
FENNELLY, STEPHEN JAMES	4/27/2016	534		1,995.00
FENNELLY, STEPHEN JAMES	7/15/2016	13757		25,000.00
FENNELLY, STEPHEN JAMES	7/29/2016	13927		25,000.00
FENNELLY, STEPHEN JAMES	8/18/2016	203		6,538.42
FENNELLY, STEPHEN JAMES Total			475,942.42	90,723.90
PERRY, ELIZABETH ANN	4/29/2016	1673	20,833.33	
PERRY, ELIZABETH ANN	5/16/2016	1741	20,833.33	
PERRY, ELIZABETH ANN	5/31/2016	1801	20,833.33	
PERRY, ELIZABETH ANN	6/15/2016	1860	20,833.33	
PERRY, ELIZABETH ANN	6/30/2016	1918	20,833.33	
PERRY, ELIZABETH ANN	8/26/2016	2126	20,833.33	
PERRY, ELIZABETH ANN	9/9/2016	2177	20,833.33	
PERRY, ELIZABETH ANN	9/23/2016	2227	20,833.33	

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PERRY, ELIZABETH ANN	10/7/2016	2277	20,833.33	
PERRY, ELIZABETH ANN	10/21/2016	2325	20,833.33	
PERRY, ELIZABETH ANN	11/4/2016	2373	20,833.33	
PERRY, ELIZABETH ANN	11/18/2016	2430	20,833.33	
PERRY, ELIZABETH ANN	12/2/2016	2482	20,833.33	
PERRY, ELIZABETH ANN	12/16/2016	2531	7,692.31	
PERRY, ELIZABETH ANN	12/29/2016	2576	7,692.31	
PERRY, ELIZABETH ANN	1/13/2017	32604901	3,846.16	
PERRY, ELIZABETH ANN	1/20/2017	32674255	3,846.16	
PERRY, ELIZABETH ANN	1/27/2017	32739753	3,846.16	
PERRY, ELIZABETH ANN	2/3/2017	32839277	3,846.16	
PERRY, ELIZABETH ANN	2/10/2017	32911048	3,846.16	
PERRY, ELIZABETH ANN	2/17/2017	33006003	3,846.16	
PERRY, ELIZABETH ANN	2/24/2017	33095291	3,846.16	
PERRY, ELIZABETH ANN	3/3/2017	33199170	3,846.16	
PERRY, ELIZABETH ANN	3/10/2017	33263704	3,846.16	
PERRY, ELIZABETH ANN	3/17/2017	33381770	3,846.16	
PERRY, ELIZABETH ANN	3/17/2017	33381782	3,846.16	
PERRY, ELIZABETH ANN	9/16/2016	10133		1,000.00
PERRY, ELIZABETH ANN	3/31/2017			1,602.57
PERRY, ELIZABETH ANN	4/7/2017			1,602.56
PERRY, ELIZABETH ANN	4/21/2017			1,602.56
PERRY, ELIZABETH ANN	4/28/2017			1,602.56
PERRY, ELIZABETH ANN	5/5/2017			1,602.56
PERRY, ELIZABETH ANN	5/12/2017			1,602.56
PERRY, ELIZABETH ANN	5/19/2017			1,602.56
PERRY, ELIZABETH ANN	5/26/2017			1,602.56
PERRY, ELIZABETH ANN Total			328,525.67	13,820.49
SHANDROW, MARK	4/29/2016	2445	20,833.33	
SHANDROW, MARK	5/16/2016	2530	20,833.33	
SHANDROW, MARK	5/31/2016	2608	20,833.33	
SHANDROW, MARK	6/15/2016	2683	20,833.33	
SHANDROW, MARK	6/30/2016	2766	20,833.33	
SHANDROW, MARK	7/15/2016	2868	20,833.33	
SHANDROW, MARK	7/29/2016	2942	20,833.33	
SHANDROW, MARK	8/15/2016	3014	14,583.33	
SHANDROW, MARK	8/26/2016	3070	14,583.33	
SHANDROW, MARK	9/9/2016	3128	14,583.33	
SHANDROW, MARK	9/23/2016	3189	14,583.33	
SHANDROW, MARK	10/7/2016	3247	14,583.33	
SHANDROW, MARK	10/21/2016	3305	14,583.33	
SHANDROW, MARK	11/4/2016	3360	14,583.33	
SHANDROW, MARK	11/18/2016	3406	14,583.33	
SHANDROW, MARK	12/2/2016	3428	14,583.33	
SHANDROW, MARK	12/15/2016	3449	7,692.31	
SHANDROW, MARK	12/29/2016	3469	7,692.31	
SHANDROW, MARK	1/13/2017	32604888	3,846.16	
SHANDROW, MARK	1/20/2017	32674239	3,846.16	

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SHANDROW, MARK	1/27/2017	32739739	3,846.16	
SHANDROW, MARK	2/3/2017	32839263	3,846.16	
SHANDROW, MARK	2/10/2017	32911033	3,846.16	
SHANDROW, MARK	2/17/2017	33005988	3,846.16	
SHANDROW, MARK	2/24/2017	33095275	3,846.16	
SHANDROW, MARK	3/3/2017	33199154	3,846.16	
SHANDROW, MARK	3/10/2017	33263610	3,846.16	
SHANDROW, MARK	3/17/2017	33381674	3,846.16	
SHANDROW, MARK	3/24/2017	33433669	3,846.16	
SHANDROW, MARK	3/31/2017	33552810	840.00	
SHANDROW, MARK	4/7/2017	33604281	840.00	
SHANDROW, MARK	4/14/2017	33740276	840.00	
SHANDROW, MARK	4/21/2017	33802047	840.00	
SHANDROW, MARK	1/19/2017	10567		1,484.80
SHANDROW, MARK	4/21/2017			102.09
SHANDROW, MARK	2/10/2017			129.00
SHANDROW, MARK	4/6/2017			214.62
SHANDROW, MARK	4/4/2017			294.00
SHANDROW, MARK	3/3/2017			315.00
SHANDROW, MARK	2/17/2017			359.00
SHANDROW, MARK	4/21/2017			363.00
SHANDROW, MARK	4/4/2017			564.34
SHANDROW, MARK	2/24/2017			638.25
SHANDROW, MARK	4/4/2017			762.56
SHANDROW, MARK	4/7/2017			762.56
SHANDROW, MARK	4/14/2017			762.56
SHANDROW, MARK	4/21/2017			762.56
SHANDROW, MARK	3/17/2017			1,382.20
SHANDROW, MARK	2/6/2017			2,971.86
SHANDROW, MARK	5/3/2016	13238		9,424.00
SHANDROW, MARK	5/19/2016	13404		350.00
SHANDROW, MARK	6/1/2016	13481		17,084.00
SHANDROW, MARK	7/18/2016	13760		17,084.00
SHANDROW, MARK	8/15/216	165		7,660.00
SHANDROW, MARK	8/26/2016	252		7,660.00
SHANDROW, MARK	10/7/2016	10206		7,660.00
SHANDROW, MARK	4/28/2017	4965570	840.00	
SHANDROW, MARK	5/5/2017	4972736	840.00	
SHANDROW, MARK	5/12/2017	4978481	840.00	
SHANDROW, MARK	5/19/2017	4983997	840.00	
SHANDROW, MARK	5/26/2017		840.00	
SHANDROW, MARK	4/28/2017	3100558083		762.56
SHANDROW, MARK	5/5/2017	3266888064		762.56
SHANDROW, MARK	5/12/2017	1512332110		762.56
SHANDROW, MARK	5/19/2017	572064284		762.56
SHANDROW, MARK	5/26/2017			762.56
SHANDROW, MARK	5/19/2017	1721435137		343.00
SHANDROW, MARK Total			338,135.66	78,790.40
Porreca, Tanisha	4/29/2016	2439	16,666.67	

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Porreca, Tanisha	5/16/2016	2529	16,666.67	
Porreca, Tanisha	5/31/2016	2607	16,666.67	
Porreca, Tanisha	6/15/2016	2682	16,666.67	
Porreca, Tanisha	6/30/2016	2765	16,666.67	
Porreca, Tanisha	7/15/2016	2865	13,333.33	
Porreca, Tanisha	7/29/2016	2939	7,916.67	
Porreca, Tanisha	8/15/2016	3013	7,916.67	
Porreca, Tanisha	8/26/2016	3067	7,916.67	
Porreca, Tanisha	9/9/2016	3125	7,916.67	
Porreca, Tanisha	9/23/2016	3185	7,916.67	
Porreca, Tanisha	10/7/2016	3243	7,916.67	
Porreca, Tanisha	10/21/2016	3301	7,916.67	
Porreca, Tanisha	11/4/2016	3356	7,916.67	
Porreca, Tanisha	11/18/2016	56	7,916.67	
Porreca, Tanisha	11/10/2016	10382		3,976.11
Porreca, Tanisha	1/23/2017	10577		817.29
Porreca, Tanisha Total			167,916.71	4,793.40
Alpine Pacific Capital, LLC	5/16/2016			33,350.00
Alpine Pacific Capital, LLC	6/3/2016			1,359.54
Alpine Pacific Capital, LLC	6/10/2016			10,000.00
Alpine Pacific Capital, LLC	6/21/2016			23,350.00
Alpine Pacific Capital, LLC	7/8/2016			9,697.04
Alpine Pacific Capital, LLC	7/15/2016			8,338.00
Alpine Pacific Capital, LLC	7/22/2016			8,338.00
Alpine Pacific Capital, LLC	7/29/2016			8,338.00
Alpine Pacific Capital, LLC	8/5/2016			8,338.00
Alpine Pacific Capital, LLC	8/9/2016			1,655.87
Alpine Pacific Capital, LLC	8/15/2016			8,338.00
Alpine Pacific Capital, LLC	8/19/2016			3,768.20
Alpine Pacific Capital, LLC	8/25/2016			12,905.80
Alpine Pacific Capital, LLC	9/2/2016			83,338.00
Alpine Pacific Capital, LLC	9/13/2016			8,338.00
Alpine Pacific Capital, LLC	9/16/2016			33,338.00
Alpine Pacific Capital, LLC	10/5/2016			8,338.00
Alpine Pacific Capital, LLC	10/7/2016			8,338.00
Alpine Pacific Capital, LLC	10/21/2016			8,338.00
Alpine Pacific Capital, LLC	10/28/2016			16,676.00
Alpine Pacific Capital, LLC	11/4/2016			8,337.50
Alpine Pacific Capital, LLC	11/11/2016			8,337.00
Alpine Pacific Capital, LLC	11/18/2016			8,337.00
Alpine Pacific Capital, LLC	11/25/2016			762.96
Alpine Pacific Capital, LLC	11/25/2016			8,338.50
Alpine Pacific Capital, LLC	12/2/2016			8,337.50
Alpine Pacific Capital, LLC	12/9/2016			8,337.50
Alpine Pacific Capital, LLC	12/16/2016			8,337.50
Alpine Pacific Capital, LLC	12/23/2016			8,337.50
Alpine Pacific Capital, LLC	12/30/2016			8,337.50
Alpine Pacific Capital, LLC	1/6/2017			8,337.50
Alpine Pacific Capital, LLC	1/13/2017			8,337.50

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Alpine Pacific Capital, LLC	1/20/2017	8,337.50
Alpine Pacific Capital, LLC	1/27/2017	8,337.50
Alpine Pacific Capital, LLC	2/6/2017	8,337.50
Alpine Pacific Capital, LLC	2/10/2017	8,337.50
Alpine Pacific Capital, LLC	2/17/2017	8,337.50
Alpine Pacific Capital, LLC	2/24/2017	8,337.50
Alpine Pacific Capital, LLC	3/3/2017	8,337.50
Alpine Pacific Capital, LLC	3/10/2017	8,337.50
Alpine Pacific Total	-	463,655.91
Grand Total	1,455,297.50	655,939.90

Schedule SOFA.7

#	CASE NAME	COURT AND CASE NO.	TYPE	STATUS
1	<i>Joshua Marquez v. Solid Landings Behavioral Health, Sure Haven and Rock Solid</i>	Orange County Superior Court, Case No.: 30-2015-00788979-CU-OE-CXC	Wage and hour class action	Pending
2	<i>Dena Blackwood v. Solid Landings Behavioral Health, Sure Haven and Rock Solid</i>	Orange County Superior Court, Case No.: 30-2015-00795557-CU-OE-CXC	Wage and hour class action	Pending
3	<i>Diane Burd v. Solid Landings Behavioral Health, Sure Haven and Rock Solid</i>	Orange County Superior Court, Case No: 30-2015-00810390-CU-OE-CXC	Wage and hour class action	Pending
4	<i>Otis, Gardea, Cochran, Dadlani, Brown, Law, and Harvey v. Solid Landings, Sure Haven, Rock Solid and Steve Fennelly</i>	Orange County Superior Court, Case Number: 30-2016-00838676-CU-OE-CXC	Wage and hour single plaintiff	Pending (jury trial scheduled on 6/5/2017)
5	<i>Misty Portis vs. Sure Haven, H&J Toxicology & Solid Landings</i>	Orange County Superior Court, Case No: 30-2016-00828317-CU-WT-CJC	Harassment & discrimination based on race, gender and pregnancy.	Pending (jury trial scheduled on 6/26/2017)
6	<i>Brandon Clark v. Solid Landings Behavioral Health, Inc. and Sure Haven, Inc.</i>	Orange County Superior Court, Case Number: 30-2016-00881893-CU-OE-CJC	Employment: wage and hour single plaintiff, discrimination and harassment, wrongful termination	Pending (served on 4/10/2017)
7	<i>Rocio Elena Vela v. Solid Landings Behavioral Health, Inc., Solid Landings Foundation, Sure Haven, Inc., Sure Haven, LLC and Hope's Landing</i>	Orange County Superior Court, Case No. 30-2017-00912413-CU-OE-CJC	Employment: wage and hour single plaintiff, discrimination and harassment, wrongful termination	Pending (filed on 4/3/2017, served on 4/19/2017)
8	<i>Laura Ann Mitchell v. Solid Landings Behavioral Health, Inc., Solid Landings Foundation, Sure Haven, Inc., Sure Haven, LLC, Hope's Landing, Inc.</i>	Orange County Superior Court, Case No. 30-2017-00914591-CU-OE-CJC	Employment: wage and hour single plaintiff, discrimination and harassment, wrongful termination	Pending (served on 4/19/2017)
9	<i>Janet Petty vs. Stephen Fennelly, Solid Landings Behavioral Health, Inc., Solid Landings, LLC, and Elizabeth Perry</i>	Orange County Superior Court, Case No. 00867876CXC [FILED UNDER SEAL]	False Claims	Filed but not served
10	<i>MediTest Laboratories Inc. vs. H&J Toxicology, LLC, Solid Landings Behavioral Health, Does 1-25</i>	Superior Court of California, Orange County, Case No. 30-2016-00856423-CU-BC-CJC	Breach of contract – laboratory services	Pending
11	<i>Stan Bilchik Carpet Co. Inc. vs. Solid Landings Behavioral Health, Inc., et al.</i>	Los Angeles County Superior Court, Case No. 17VESC00859	Breach of contract - construction services	Pending (small claims trial scheduled on 6/12/17)
12	<i>McClelland v. Solid Landings Behavioral Health, Inc.</i>	Orange County Superior Court, Case No: 30-2016-00884448-CU-PO-CJC	Personal injury - slip and fall (hot tub)	Pending
13	<i>In the Matter of Investigation No. LIQT-2016-00017; and Related Issues directed to Solid Landings Behavioral Health</i>	California Department of Insurance	Investigative Subpoena directed to Solid Landings Behavioral Health brought by the California Insurance Commissioner	Pending
14	<i>Terry Torres v. Solid Landings Behavioral Health, Division of Workers' Compensation</i>	Workers' Compensation Appeals Board, EAMS Case No. ADJ10644596	Workers Compensation	Pending
15	<i>Raymond Bensch v. Sure Haven Inc aka Solid Landings, Division of Workers' Compensation</i>	Workers' Compensation Appeals Board, EAMS Case No. ADJ10562879	Workers Compensation	Pending

Solid Landings Behavioral Health, Inc. - Litigation List

16	<i>Tony Ippolito v. Solid Landings Behavioral Health, Division of Workers' Compensation</i>	Workers' Compensation Appeals Board, EAMS Case Nos. ADJ10287298, ADJ10287450	Workers Compensation	Unknown
17	<i>Tony Ippolito v. Solid Landings Behavioral Health</i>	Labor Board No. 18-95623-NQ	Unpaid Wages	Unknown
18	<i>MASH, LLC v. Recovery Information Services, LLC, Solid Landings Behavioral Health, Inc., Stephen Fennelly, Elizabeth Perry, Mark Shandrow, Karen Shandrow</i>	Orange County Superior Court, Case No. 30-2017-00917337-CU-BC-CJC	Breach of contract - marketing services, fraudulent transfer, constructive fraudulent transfer	Pending (filed on 4/28/2017)
19	<i>Parviz Paul Mazdiyasni v. Solid Landings Behavioral Health, Inc.</i>	Orange County Superior Court - Small Claims, Case No. 30-2017-00918815-SC-SC-HNB	Small Claims action - unpaid rent	Pending (filed on 5/8/2017)
CLOSED				
20	<i>Elite Rehab Placement, LLC v. Solid Landings Behavioral Health, Inc., Mark Shandrow, and Steve Fennelly</i>	Circuit Court for the County of Macomb, Michigan, Case No. 16-002431-CB	Breach of contract - marketing services	CLOSED. Settled and dismissed on 2/14/17
21	<i>Richard Gibbs v. Sure Haven, Solid Landings Behavioral Health</i>	Orange County Superior Court, Case No. 30-2015-00788187-CU-WT-CJC	Employment: wrongful termination and discrimination for disability	CLOSED: Case voluntarily dismissed on 7/11/16
22	<i>Valeo Resources, LLC v. Solid Landings Behavioral Health</i>	Circuit Court for Palm Beach County, Florida, Case No. 50-2016-CA-520-XXXXMB-AO	Breach of contract - marketing services	CLOSED: Settled and dismissed on 4/4/16
23	<i>In the Matter of the Accusation Against: Solid Landings Behavioral Health, Inc. 382 Hamilton Street, Units A & B, Costa Mesa, CA 92627 License and Certification 300276CP</i>	State of California Office of Administrative Hearings, Appeal No. ADP-2015-0015	Department of Health Care Services, Substance Use Disorder Compliance Division	CLOSED: Settled with surrender of license on 9/20/2016.
24	<i>United Healthcare Insurance Company, et al. v. Sky Toxicology, et al.</i>	United States District Court, Southern District of Florida, Case No. 16-cv-80649		CLOSED: Dismissed

Schedule SOFA.14

Schedule SOFA.14 - Previous Locations by Solid Landings Behavioral Health, Inc.

No.	Location Address				Dates of Occupancy	
	Street	City	State	Zip	From	To
1	2900 Bristol St. Suite E208	Costa Mesa	CA	92626	2/1/2015	6/1/2016
2	2900 Bristol H201/203/204/205/206	Costa Mesa	CA	92626	11/1/2014	2/1/2016
3	Stor-it 961 West 17th Street, Unit 7003	Costa Mesa	CA	92627	8/24/2016	03/22/2017
4	"The Hood" 350 Clinton Suite A	Costa Mesa	CA	92626	2/1/2015	07/15/2016
5	382 Hamilton A, B	Costa Mesa	CA	92626	3/1/2014	8/8/2016
6	394 Hamilton A, B, C	Costa Mesa	CA	92626	3/1/2014	8/8/2016
7	396 Hamilton A, B, C	Costa Mesa	CA	92626	3/1/2014	8/8/2016
8	11851 Wisteria	Fountain Valley	CA	92708	5/28/2014	2/15/2016
9	216 Avenida La Cuesta	San Clemente	CA	92673	1/30/2015	2/15/2016

**United States Bankruptcy Court
Central District of California - Santa Ana**

In re **Solid Landings Behavioral Health, Inc.**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	34,800.00
Prior to the filing of this statement I have received	\$	34,800.00
Balance Due	\$	0.00

2. \$ **1,717.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☒ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. .

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

Advising the Debtor with regard to the requirements of the Bankruptcy Court, Bankruptcy Code, Bankruptcy Rules and the Office of the United States Trustee as they pertain to the Debtor; advising the Debtor with regard to certain rights and remedies of its bankruptcy estate and the rights, claims and interests of creditors; representing the Debtor in any proceeding or hearing in the Bankruptcy Court involving its estate unless the Debtor is represented in such proceeding or hearing by other special counsel; conducting examinations of witnesses, claimants or adverse parties and representing the Debtor in any adversary proceeding except to the extent that any such adversary proceeding is in an area outside of LNBYB's expertise or which is beyond LNBYB's staffing capabilities; preparing and assisting the Debtor in the preparation of reports, applications, pleadings and orders including, but not limited to, applications to employ professionals, interim statements and operating reports, initial filing requirements, schedules and statement of financial affairs, lease pleadings, cash collateral pleadings, financing pleadings, and pleadings with respect to the Debtor's use, sale or lease of property outside the ordinary course of business; representing the Debtor with regard to obtaining use of debtor in possession financing and/or cash collateral including, but not limited to, negotiating and seeking Bankruptcy Court approval of any debtor in possession financing and/or cash collateral pleading or stipulation and preparing any pleadings relating to obtaining use of debtor in possession financing and/or cash collateral; assisting the Debtor in the negotiation, formulation, preparation and confirmation of a plan of reorganization and the preparation and approval of a disclosure statement in respect of the plan; and performing any other services which may be appropriate in LNBRB's representation of the Debtor during its bankruptcy case.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Matters which are outside of LNBYB's specialization

In re **Solid Landings Behavioral Health, Inc.**
Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 31, 2017

Date

/s/ David L. Neale

David L. Neale 141225

Signature of Attorney

Levene, Neale, Bender, Yoo & Brill LLP

10250 Constellation Blvd.

Suite 1700

Los Angeles, CA 90067

(310) 229-1234

Name of law firm

Attorney or Party Name, Address, Telephone & FAX Nos., and State Bar No. & Email Address David L. Neale 10250 Constellation Blvd. Suite 1700 Los Angeles, CA 90067 (310) 229-1234 California State Bar Number: 141225	FOR COURT USE ONLY
<p align="center">UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</p>	
In re: Solid Landings Behavioral Health, Inc. <div style="text-align: right;">Debtor(s),</div> <div style="text-align: right;">Plaintiff(s),</div> <div style="text-align: right;">Defendant(s).</div>	CASE NO.: ADVERSARY NO.: CHAPTER: 11 <div style="text-align: center; border: 1px solid black; padding: 5px;"> CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4 </div> <div style="text-align: center; border: 1px solid black; padding: 5px;"> [No hearing] </div>

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, **Katie S. Goodman**, the undersigned in the above-captioned case, hereby declare
 (Print Name of Attorney or Declarant)
 under penalty of perjury under the laws of the United States of America that the following is true and correct:

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:
- ☒ I am the president or other officer or an authorized agent of the Debtor corporation
 - ☐ I am a party to an adversary proceeding
 - ☐ I am a party to a contested matter
 - ☐ I am the attorney for the Debtor corporation
- 2.a. ☐ The following entities, other than the debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:
[For additional names, attach an addendum to this form.]
- b. ☒ There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

May 31, 2017

Date

By: /s/ Katie S. Goodman

Signature of Debtor, or attorney for Debtor

Name: Katie S. Goodman

Printed name of Debtor, or attorney for
Debtor

Attorney or Party Name, Address, Telephone & FAX Nos., FOR COURT USE ONLY

State Bar No. & Email Address

David L. Neale**10250 Constellation Blvd.****Suite 1700****Los Angeles, CA 90067****(310) 229-1234**California State Bar Number: **141225**☐ Debtor(s) appearing without an attorney☒ Attorney for Debtor**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

In re:

Solid Landings Behavioral Health, Inc.

CASE NO.:

CHAPTER: **11****VERIFICATION OF MASTER
MAILING LIST OF CREDITORS****[LBR 1007-1(a)]**

Debtor(s).

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 6 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: **May 26, 2017****/s/ Katie S. Goodman**

Signature of Debtor 1

Date: _____

Signature of Debtor 2 (joint debtor)) (if applicable)

Date: _____

Signature of Attorney for Debtor (if applicable)

Solid Landings Behavioral Health, Inc.
2900 Bristol Street, Suite B-300
Costa Mesa, CA 92626

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Los Angeles, CA 90067

U.S. Trustee - Santa Ana
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Santa Ana, CA 92701-8000

Advanced IT Management Inc.
19800 MacArthur Blvd., Suite 650
Irvine, CA 92612

Alvarado, Smith & Sanchez
1 MacArthur Place, Suite 200
Santa Ana, CA 92707

AT&T Corp.
200 W. Center Street Promenade
Anaheim, CA 92805

AT&T Corp.
1452 Edinger Avenue
Tustin, CA 92780

Barrins & Associates
1923 Iowa Ave NE
Saint Petersburg, FL 33703

BC Services, Inc.
550 Disk Drive
Attn: John Boettcher, Sec./Treas.
Longmont, CO 80503

Brentwood Capital Advisors LLC
5000 Meridian Blvd.
Franklin, TN 37067

Bristol Creekside, LLC
3660 Park Sierra Drive, Suite 208
Riverside, CA 92505

Bristol Creekside, LLC
c/o James Trimble, Agent
5041 La Mart Drive, Suite 110
Riverside, CA 92507

BSJZ Law
1842 Michigan Avenue
Detroit, MI 48216

Burr & Forman LLP
511 Union Street, Suite 2300
Attn: David W. Houston
Nashville, TN 37219

CapStar Bank
1201 Demonbreun Street, Main Level
Attn: Scott McGuire
Nashville, TN 37203

Cedar Creek Recovery, Inc.
2900 Bristol Street, Suite B-300
Costa Mesa, CA 92626

Chargers Associates
P.O. Box 609609
Attn: Marissa Eggers
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City of Costa Mesa
c/o Jones & Mayer Tom Duarte, Esq
3777 North Harbor Blvd.
Fullerton, CA 92835

Cogent Communications, Inc.
P.O. Box 791087
Baltimore, MD 21279-1087

CompuGroup Medical US
10715 Red Run Blvd., Suite 101
Owings Mills, MD 21117

Eastside Kitchen LLC
350 Clinton Street, Suite A
Costa Mesa, CA 92626

Eastside Kitchen LLC
c/o Christine Frazer, Agent
350 Clinton Street, Suite A
Costa Mesa, CA 92626

Elizabeth Perry
c/o Fransen and Molinaro, LLP
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Corona, CA 92883

Employment Development Dept.
800 Capital Mall MIC 3A
Sacramento, CA 94230-0001

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2900 Bristol Street, Suite B-300
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EMS Toxicology
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Costa Mesa, CA 92626

FPS, LLC
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Costa Mesa, CA 92626

Franchise Tax Board
Bankruptcy Section, MS: A-340
P.O. Box 2952
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3155 Roswell Road NW, Suite 120
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H&J Toxicology, LLC
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Hardesty, LLC
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Herr Pedersen & Berglund LLP
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Visalia, CA 93291

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Attn: General Counsel
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Kevin Hutto

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Live 4 Recovery
8133 Spectrum
Irvine, CA 92618

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voJ. Najera Plumbing Co.
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Wex Bank
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Carol Stream, IL 60197-6293

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA

Attorney or Party Name, Address, Telephone & FAX Nos.,
State Bar No. & Email Address

David L. Neale
Levene, Neale, Bender, Yoo & Brill LLP
10250 Constellation Blvd.
Suite 1700
Los Angeles, CA 90067
(310) 229-1234
141225

Attorney for: Debtor

CASE NO.:

CHAPTER: 11

ADVERSARY NO.:

(if applicable)

In re:

Solid Landings Behavioral Health, Inc.

Debtor(s).

ELECTRONIC FILING DECLARATION
(CORPORATION/PARTNERSHIP)

[LBR 1002-1(f)]

- ☒ Petition, statement of affairs, schedules or lists
☐ Amendments to the petition, statement of affairs, schedules or lists
☐ Other (specify):

Date Filed: _____
Date Filed: _____
Date Filed: _____

PART I - DECLARATION OF SIGNATORY OF DEBTOR OR OTHER PARTY

I, the undersigned, declare under penalty of perjury that: (1) I have been authorized by the Debtor or other party on whose behalf the above-referenced document is being filed (Filing Party) to sign and to file, on behalf of the Filing Party, the above-referenced document being filed electronically (Filed Document); (2) I have read and understand the Filed Document; (3) the information provided in the Filed Document is true, correct and complete; (4) the "/s/," followed by my name, on the signature lines for the Filing Party in the Filed Document serves as my signature on behalf of the Filing Party and denotes the making of such declarations, requests, statements, verifications and certifications by me and by the Filing Party to the same extent and effect as my actual signature on such signature lines; (5) I have actually signed a true and correct printed copy of the Filed Document in such places on behalf of the Filing Party and provided the executed printed copy of the Filed Document to the Filing Party's attorney; and (6) I, on behalf of the Filing Party, have authorized the Filing Party's attorney to file the electronic version of the Filed Document and this Declaration with the United States Bankruptcy Court for the Central District of California.

Date: _____

Signature (handwritten) of authorized signatory of Filing Party

Katie S. Goodman

Printed name of authorized signatory of Filing Party

Chief Restructuring Officer

Title of authorized signatory of Filing Party

PART II - DECLARATION OF ATTORNEY FOR FILING PARTY

I, the undersigned Attorney for the Filing Party, declare under penalty of perjury that: (1) the "/s/," followed by my name, on the signature lines for the Attorney for the Filing Party in the Filed Document serves as my signature and denotes the making of such declarations, requests, statements, verifications and certifications to the same extent and effect as my actual signature on such signature lines; (2) an authorized signatory of the Filing Party signed Part I - Declaration of Authorized Signatory of Debtor or Other Party of this Declaration before I electronically submitted the Filed Document for filing with the United States Bankruptcy Court for the Central District of California; (3) I have actually signed a true and correct hard copy of the Filed Document in the locations that are indicated by "/s/," followed by my name, and have obtained the signature of the authorized signatory of the Filing Party in the locations that are indicated by "/s/," followed by the name of the Filing Party's authorized signatory, on the true and correct printed copy of the Filed Document; (4) I shall maintain the executed originals of this Declaration and the Filed Document for a period of five years after the closing of the case in which they are filed; and (5) I shall make the executed originals of this Declaration and the Filed Document available for review upon request of the court or other parties.

Date: _____

5/31/17

Signature (handwritten) of attorney for Filing Party

David L. Neale 141225

Printed Name of attorney for Filing Party